2010 Calendar Year

APR

6 2011

GOMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES

Mail: 135 State House Station, Augusta, Maine 04333 Office: 45 Memorial Circle, Augusta, Maine

Website: www.maine.gov/ethics

Phone: 207-287-4179 Fax: 207-287-6775

## Maine Ethics Commission **EXECUTIVE EMPLOYEES**

Covering the calendar year January 1, 2010 through December 31, 2010.

2010 STATEMENT OF SOURCES OF INCOME (5 M.R.S.A. § 19)

Please file this statement with the Maine Ethics Commission no later than 5:00 p.m. on April 15, 2011. Please contact Commission staff at 287-4179 or come to the Commission office at 45 Memorial Circle, Augusta, if you have any questions about this form, your reporting requirements, or how to report specific situations. Please keep a copy of this form for your

records.					
, NA	ME AND	CONTACT INFORMATION	ON First		
Name Anthony J. Peverada, Jr.		Title Chai		man, MUIC	
Department/Agency/Bureau/Division  Maine Unemployment Insurance Commission		Work Phone	<sup>9</sup> 623-6793/ 557-4983(cell)		
Mailing Address, City, ZIP 57 STS Augusta, Me. 04333-	posternyng arrymoniae stressell av 1979	n nguyan nguyan nguyan na nguyan na nguyan na nguyan nguyan nguyan nguyan nguyan nguyan nguyan nguyan nguyan n	agguuss Story on yngeraensondesidniaddoleidh		
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None	(4)(CZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZ				
Name of Employer	Water Commence of the Commence	Address	Anna Landard Control C	Principal Type of Economic Activity of Employer	
State of Maine MUIC	57 StS Augusta,	Me 04333-0057	4 1 1 1 1 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	Governmental services	
		i			
		OM SELF-EMPLOYMEN			
A. List the name and address of your business or derived income. If associated with a partnership, activity or practice of that entity.	r law firm, if firm, profes	any, and list the major are sional association, or simila	as of econor or business e	nic activity or practice from which you ntity, list the major areas of economic	
None				NOON ZERPONNOMININE MINISTERIO MINISTERIO MINISTERIO MERCONO PROSTO PROGRAMMA PROPRESENTA PROGRAMMA PROPRESENTA PROGRAMMA PROG	
Name and Address of Business Entity or Law Firm		Major Areas of Economic Activity/ Practice (self)		Major Areas of Economic Activity/ Practice (partnership, association, firm or similar business entity)	
Name: Address:	AN ARROGORIUS STEVENIO STEVENI				
Name: Address:					

PART 2 (continued). INCOME DERIVED FROM SELF-EMPLO	<u> 1948 - A. C. C.</u>
B. List each source of income derived from self-employment or practice that represents more than whichever is greater, and specify the principal type of economic activity of the entity or person from w form of disclosure is prohibited by law, rule, or an established code of professional ethics, specificactivity of the entity or person from whom the income was derived.	hom you derived such income
Name and Address of Source	Principal Type of Econ Activity of Entity or Person the Source of the Inco
Name:	PI ANDREAS
Address:	
Name: Address:	
PART 3. OTHER SOURCES OF INCOME	
List each source of income of \$1,000 or more not listed in Parts 1 or 2 of this form. Do not include gift box.	s or honoraria. If none, check
None	
Name and Address of Source	Kind of Income (investments, leases, e
Name: Address:	3.0%
Name:	
Address:	
Name:	w.
Address:	The second secon
PART 4. REPORTABLE LIABILITIES	
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or more that you received during the areas of economic activity of each creditor. Do not list credit card liabilities, or educational loans, I made as campaign contributions, or business loans from regulated financial institutions. If none, check	oans from a relative, loans th
None	ANGERICA ACAMAN LOTORINA ON COMPANIO COMPANIO COMPANIO CONTRA CO
Name and Address of Creditor	Principal Type of Econo Activity of Creditor
Name:	
Address:	ST. CHILDREN
Name:	
Address:	97
PART 5, REPORTABLE GIFTS	
	an \$300. If none, check the b
List the specific source of gifts received during the reporting period with an aggregate value of more the	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
None	£0
None	f Source of Gift

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List any for-profi	t or nonprofit corporation, firm, assoc	OFFICER OR DIRECTOR ciation, partnership or business	in which you or a m	ember of your immed	iate family
held any office, t	trusteeship, directorship, or position on sated. If a family member listed, ind	of any nature. Indicate whethe	r you or a family hel	d the position and whe	ether the posi-
✓ None			e the water the second of the	Divinisti (Transport State (Communication) (Transport State (Communication) (C	
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